

AB8919288

SUSANA A. MENDOZA
COMPTROLLER - STATE OF ILLINOIS

ERVIN RAYMOND N

331 SPRINGSIDE LN
BUFFALO GROVE IL 60089-1650

Vendor Number ***** A

Agency * HEALTHCARE & FAMILY SERVICES
Warrant Number AB8919288
Warrant Amount \$1,077.60
Warrant Date 05-15-2019
Voucher Number PV478904626323

Payment Description: CHILD SUPPORT COMMERCIAL REFUND VOUCHER
PLEASE DISREGARD THE PHONE NUMBER ON THE WARRANT
REFER ALL INQUIRES TO 1-800-447-4278

| Invoice Number | Inv. Date | Customer ID | Billing Account Number | Net Amount |
|----------------|-----------|-------------|------------------------|------------|
| | | | | 1077.60 |

DO YOU NEED HELP OR HAVE QUESTIONS ABOUT THIS PAYMENT?

For questions regarding this payment, please contact the Vouchering Agency at the number listed below:

HEALTHCARE & FAMILY SERVICES 217-782-5565

Payment of interest may be available if the State fails to comply
with the Illinois Prompt Payment Act (30 ILCS 540/1).

www.illinoiscomptroller.gov/contact

121247626

AB8919288
REFER TO THIS NUMBER

DRAWN BY **SUSANA A. MENDOZA** COMPTROLLER 70-2186
ON THE TREASURER OF THE STATE OF ILLINOIS 711

PAY THIS AMOUNT: *One Thousand Seventy-Seven*****60/100*

\$***1077.60**

VOID AFTER TWELVE MONTHS

TO THE ORDER OF:

DATE ISSUED: 05-15-2019
ERVIN RAYMOND N

AB8919288

331 SPRINGSIDE LN
BUFFALO GROVE IL 60089-1650

COUNTERSIGNED AND REGISTERED

Michael Frerichs

Michael Frerichs, Treasurer, State of Illinois

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and contains an artificial watermark on
the reverse side.

GRANTED, DRAWN AND RECORDED

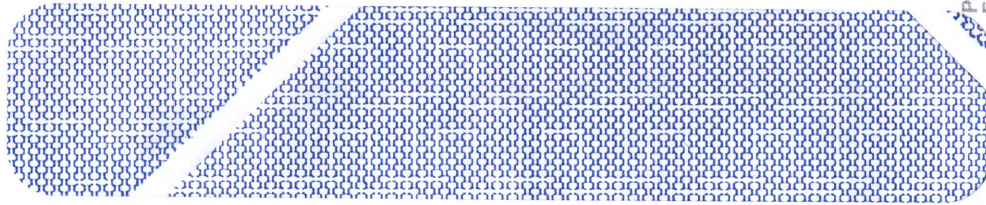
Susana A. Mendoza

Susana A. Mendoza, Comptroller, State of Illinois



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SUSANA A. MENDOZA
STATE OF ILLINOIS • COMPTROLLER
325 WEST ADAMS STREET
SPRINGFIELD, ILLINOIS 62704-1871



PRESORTED
FIRST CLASS



PITNEY BOWES
US POSTAGE
\$00.38³
MAY 16 2019
ZIP 62704
001715
21 3006014

DBFB85B 60089

